

SECTION VIII - HOMELESS CHILDREN AND YOUTH PROGRAM**VIII - A. PROJECT INFORMATION**Homeless Children and Youth Residing within the District Census was based on *(check and complete one only)*☐ Census conducted by the District on a one-day count on _____ (date) OR by the total number served during the school year for the year _____☐ Census data from DESE on _____ (date)

GRADE/AGE	NUMBER LIVING IN OTHER PLACES	NUMBER IN SHELTERS	APPROXIMATE NUMBER TO BE SERVED BY PROJECT
PRESCHOOL (ages 3-5)			
ELEMENTARY (K-6)			
MIDDLE/JUNIOR HIGH (7-8)			
HIGH SCHOOL (9-12)			
YOUTH/DROPOUT (ages 19-21)			

VIII - B. NEEDS ASSESSMENTDescribe who was surveyed regarding the needs of homeless children and youth for the homeless project. *(Check all that apply)*

- | | | | |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> PK-8 Teachers | <input type="checkbox"/> PK-8 Building Administrators | <input type="checkbox"/> PK-8 Parents | <input type="checkbox"/> Shelters |
| <input type="checkbox"/> 9-12 Teachers | <input type="checkbox"/> 9-12 Building Administrators | <input type="checkbox"/> 9-12 Parents | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Homeless Students | <input type="checkbox"/> District-Level School Administrators | <input type="checkbox"/> Advocacy Groups | |
| <input type="checkbox"/> Business Representatives | <input type="checkbox"/> School Board Members | <input type="checkbox"/> Other _____ | |

Local input as to the needs of homeless children and youth for homeless project was gathered by the following methods. *(Check all that apply)*

- | | | |
|---|---|---|
| <input type="checkbox"/> Interviews | <input type="checkbox"/> Surveys/Questionnaires | <input type="checkbox"/> Focus Groups/Discussions |
| <input type="checkbox"/> District Data Analysis | <input type="checkbox"/> District Data Reports | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other _____ | | |

The following needs for homeless children and youth have been identified: *(Check all that apply)*

- | | | |
|--|--|---|
| <input type="checkbox"/> additional academic instruction | <input type="checkbox"/> school materials and supplies | <input type="checkbox"/> homeless coordinator/advocates |
| <input type="checkbox"/> age-appropriate social skills | <input type="checkbox"/> preschool experiences | <input type="checkbox"/> medical, dental, mental health needs |
| <input type="checkbox"/> parenting education | <input type="checkbox"/> excess transportation cost | <input type="checkbox"/> professional development |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

VIII - C. COORDINATION OF SERVICESThe Project will coordinate with the following: *(Check all that apply)*

- | | | |
|---|--|---|
| <input type="checkbox"/> Title I (district and building levels) | <input type="checkbox"/> Title II (Professional Development) | <input type="checkbox"/> Title IV (SDFSC) |
| <input type="checkbox"/> Even Start Family Literacy Program | <input type="checkbox"/> District Funds _____ | <input type="checkbox"/> Shelters |
| <input type="checkbox"/> Pupil Transportation | <input type="checkbox"/> Other State Funds _____ | <input type="checkbox"/> Medical, Dental, Mental Health Providers |
| <input type="checkbox"/> Parents As Teachers | <input type="checkbox"/> Community Agencies | <input type="checkbox"/> Division of Family Services (DFS) |
| <input type="checkbox"/> Title VI (Innovations) | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

VIII - D. HOMELESS CHILDREN AND YOUTH PROGRAM FUNDING

Describe how the proposed use of funds would facilitate the enrollment, retention, and success of homeless children and youth.

VIII - E. HOMELESS CHILDREN AND YOUTH PROGRAM ACTIVITIES

Activity # 1	ADMINISTRATION - <i>REQUIRED</i>	DISTRICT CSIP STRATEGY(IES) #
	DESCRIPTION OF ACTIVITY, EVALUATION METHOD AND TIME SPAN OF EVENT:	
Activity # 2	EVALUATION - <i>REQUIRED</i>	DISTRICT CSIP STRATEGY(IES) #
	DESCRIPTION OF ACTIVITY AND TIME SPAN OF EVENT:	
Activity # 3	COLLABORATION - <i>REQUIRED</i>	DISTRICT CSIP STRATEGY(IES) #
	DESCRIPTION OF ACTIVITY, EVALUATION METHOD AND TIME SPAN OF EVENT:	

VIII - E. HOMELESS CHILDREN AND YOUTH PROGRAM ACTIVITIES *continued*

Activity # 4	POLICIES AND PROCEDURES - <i>REQUIRED</i>	DISTRICT CSIP STRATEGY(IES) #
	DESCRIPTION OF ACTIVITY, EVALUATION METHOD AND TIME SPAN OF EVENT:	
Activity # 5	NAME OF ACTIVITY	DISTRICT CSIP STRATEGY (IES) #
	DESCRIPTION OF ACTIVITY, EVALUATION METHOD AND TIME SPAN OF EVENT:	
Activity # 6	NAME OF ACTIVITY	DISTRICT CSIP STRATEGY(IES) #
	DESCRIPTION OF ACTIVITY, EVALUATION METHOD AND TIME SPAN OF EVENT:	

VIII - E. HOMELESS CHILDREN AND YOUTH PROGRAM ACTIVITIES *continued*

Activity # 7	NAME OF ACTIVITY	DISTRICT CSIP STRATEGY(IES) #
	DESCRIPTION OF ACTIVITY, EVALUATION METHOD AND TIME SPAN OF EVENT:	
Activity # 8	NAME OF ACTIVITY	DISTRICT CSIP STRATEGY(IES) #
	DESCRIPTION OF ACTIVITY, EVALUATION METHOD AND TIME SPAN OF EVENT:	
Activity # 9	NAME OF ACTIVITY	DISTRICT CSIP STRATEGY(IES) #
	DESCRIPTION OF ACTIVITY, EVALUATION METHOD AND TIME SPAN OF EVENT:	

VIII - F. HOMELESS CHILDREN AND YOUTH PROGRAM ACTIVITY BUDGET	
BUDGET ITEMIZATION	GRANT FUNDS REQUESTED
6100: Salaries	
6100 Subtotal	\$
6200: Employee Benefits <i>(optional categories)</i> FICA Medicare Retirement (Teacher or Non-Teacher) Health, Life, and/or Dental Insurance Other Benefits	
6200 Subtotal	\$
6300: Purchased Services	
6300 Subtotal	\$
6400: Materials/Supplies	
6400 Subtotal	\$
6100-6400 SUBTOTAL	\$
Indirect Cost Optional (Restricted Rate: ____% X Subtotal)	\$
6500: Capital Outlay	
6500 Subtotal	\$
TOTAL - (Transfer Subtotal and Indirect Cost funding areas to SECTION II)	\$